RESI AVAILABLE COPY

PATENT APPLICATION FOR DETERMINISTION STORE								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001										37	13/13	7	
CLAIRIC AC ELLED DADT I													
(Column 1) (Column 2)								Small entity Type				R THAN ENTITY	
TOTAL CLAIMS			21				R	ATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FE	E 370.00	OR	BAŞIC FEI	740.00	
TOTAL CHARGEABLE CLAIMS			21 minus 20=		• /		X	\$ 9=	,	OR	X\$18=	18	
INDEPENDENT CLAIMS			3 minus 3 =		· de		×	X42=		OR	X84=	7.0	
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				+140=			1			
* If the difference in column 1 is less than zero, enter "0" in column 2									 	OR	Ļ		
QUALITY AS AMENDED - PART II								TAL	<u>. L:</u>	OR	TOTAL	758	
	///9/04 (Column 1) (Column 2)					(Column 3)	SM	ALL	ENTITY	OR	OTHER SMALL		
4	. , ,	CLAIMS REMAINING	•	HIGH NUM	BER	PRESENT			ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO		EXTRA	. RA	TE.	TIONAL FEE		RATE	FEE	
amendment a	Total	. 9	Minus	 ∞2	/		×s	9=		OR	X\$18=		
AME	Independent	· 4	Minus	4		=	.X4	2=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+14	IO=		OŘ	+280=			
			:		•		<u> </u>	OTAL		1	TOTAL		
		(Column 1)		(Colum	ın 21	(Column 3)	ADDIT	FEE	<u> </u>	OR ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST				ADDI-			ADDI-	
	÷,	AFTER	•	PREVIO	USLY	PRESENT EXTRA	RA	TE	TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	PAID F	-OH			<u>. </u>	FEE /			FEE	
	Independent	•	Minus	***		2	X\$			OR	X\$18=		
¥	FIRST PRESE	NTATION OF ML	LTIPLE DEF	ENDENT	CLAIM		X4	2=		OR	X84=		
								0=		OR	+280=		
							ADDIT	OTAL FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)									***				
ပ		CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT			ADDI-			ADDI-	
SEZ SEZ	* • • •	AFTER AMENDMENT		PREVIO PAID F		EXTRA	RA	ΓE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	XS	9=		OR	X\$18=		
	Independent	*	Minus	***		=-	X4:) <u> </u>			X84=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM					OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR ADDIT. FEE													
1	The *Highest Num	ber Previously Paid	For (Total or	Independe	nt) is the	highest number	found in t	he app	ropriate box	in coli	umn 1.		